

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

19/16 3789

FILING DATE

9/18/06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3						
4		/				
5		/				
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48		/				
49		/				
50		/				
TOTAL IND.	3					
TOTAL DEP.	36					
TOTAL CLAIMS	39					

	IND.	DEP.	IND.	DEP.	IND.	DEP.
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53		/				
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TOTAL DEP.						
TOTAL CLAIMS						